

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT

10/5/9807

12/18/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3		2	2			
4		2	2			
5						
6		1	1			
7	1		1			
8		3	3			
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	9	←	9	←		←
TOTAL CLAIMS	12		12			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						